



FAMILY ASSETS FOR
INDEPENDENCE
IN MINNESOTA

FAIM Program

Business Plan Approval Form

Name of FAIM Saver: _____

Name of Saver's Business: _____

I, _____, have reviewed my business plan with the organization named below. I agree that the approved business plan describes how I will use my FAIM account funds, including savings and match. I believe that the organization named below gave me advice in good faith. I will not hold the individual or institution liable if my business is not as successful as planned.

Physical Signature of FAIM Saver

Date

CHOOSE ONE: The qualified reviewer below is from a: financial institution, micro-enterprise development organization, or non-profit loan fund with fiduciary integrity.

Reviewer's Organization: _____

Street Address: _____

City, State, Zip: _____

Reviewer's Name **AND** Title: _____

Phone Number: _____ Email: _____

I, _____, have reviewed the business plan for the above-named saver and business. I have given the saver my recommendations for the short- and long-term goals in their business plan. The saver and I have reached a conclusion on the best use of their FAIM savings dollars for return on investment. If this plan is followed, I can recommend the costs as listed in the business plan. FAIM will not hold the individual or institution liable if the client's business is not as successful as planned.

Physical Signature of Business Plan Reviewer

Date